

MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091 • (573) 526-3464 (FAX)
compliance@pr.mo.gov

DELIVERY ADDRESS: 3605 MISSOURI BOULEVARD JEFFERSON CITY, MO 65109

Missouri Statute 575.060.1 - False declarations. A person commits the crime of making a false declaration if, with the purpose to mislead a public servant in the performance of his duty, he submits any written false statement, which he does not believe to be true.

Based on state law, confidentiality of the complainant's identity cannot be guaranteed.

PERSON MAKING COMPLAINT INFORMATION (TYPE OR PRINT)		
YOUR NAME	TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (WORK)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
E-MAIL ADDRESS		
SUBJECT OF COMPLAINT		
NAME (PERSON AND/OR COMPANY)		TELEPHONE NUMBER
,		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
DO YOU POSSESS EVIDENCE IN THE FORM OF DOCUMENTS OR PHOTOS?		
☐ Yes ☐ No If yes, please send copies of this evidence with your complaint.		
DO YOU POSSESS EVIDENCE IN THE FORM OF DRUGS OR PRESCRIPTION LABELS, BOTTLES, OR CONTAINERS? Yes No If yes, please keep this evidence for the Missouri Board of Pharmacy inspector to review.		
DETAILS OF COMPLAINT		
GIVE FULL DETAILS OF YOUR COMPLAINT. If complaint involves a prescription, include: patient name, date and number of prescription, drug		
name, prescriber's name and address. (Attach additional paper if necessary) ATTACH COPIES OF ANY AND ALL RELATED DOCUMENTS.		
I HEREBY AFFIRM THAT FACTS AS PRESENTED ON THIS FORM, AS WELL AS ANY ATTACHMENTS, ARE TRUE AND CORRECT TO		
THE BEST OF MY KNOWLEDGE AND BELIEF.		I
YOUR SIGNATURE		DATE